	Cas	0 24 11417	Doo 2 Fi	lod 04/26/	24 Ent	arad A	4426/2	4 16·27·0	O Doco Main	
Fill	I in this information to	identify your case:						Check one bo Form 122A-19	x only as directed in th	is form and in
D	ebtor 1	Florence	M.	Guillory					no presumption of abu	100
		First Name	Middle Name	Last Name				_	culation to determine if	
_	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			-	of abuse a	pplies will be made und to Calculation (Official F	der Chapter 7
	nited States Bankrup	tcy Court for the:	Easte	rn District of	Pennsylva	nia	_	3. The Mea	ans Test does not apply I military service but it o	/ now because could apply later.
	ase number known)							Chock if th	nis is an amended filing	
	·							- Check ii ti	iis is an amended iiling	
Of	ficial Form 1	22A-1								
Cł	napter 7 S	tatement	of Your	Curren <sup>-</sup>	t Mont	hly I	Incor	me		12/19
attac and beca with	ch a separate sheet to case number (if kno	to this form. Includ wn). If you believe ilitary service, com	e the line number that you are exer plete and file <i>Sta</i>	r to which the a	additional in resumption	formation of abuse	applies. because	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name er debts or
١.	What is your marital and filing status? Check one only.  Mot married. Fill out Column A, lines 2-11.									
	☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.									
	☐ Married and your spouse is NOT filing with you. You and your spouse are:									
	Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.									
	under pena		ou and your spous	se are legally se	eparated und	der nonba	nkruptcy I	aw that applie	ng this box, you declare es or that you and your 17(b)(7)(B).	
va ex	aried during the 6 mo	nths, add the incon	ne for all 6 months	and divide the	total by 6. F	ill in the re	esult. Do ı	not include an only. If you hav	ne amount of your mon by income amount more re nothing to report for Column B	than once. For
							Debto	or 1	Debtor 2 or non-filing spouse	
2.	Your gross wages, deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$0.00		
3.	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.						-	\$0.00		,
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							<b>\$0.00</b>		
5.	Net income from op or farm	perating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (befo	ore all deductions)		\$0.00						
	Ordinary and neces	sary operating exp	enses	- \$0.00						
	Net monthly income	e from a business, p	orofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from re	ental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (befo			\$0.00	Debitor 2					
	Ordinary and neces	,	enses	- \$0.00	_					
	-					Сору				
	Net monthly income	e from rental or othe	er real property	\$0.00		here		\$0.00		
7	Interest dividends	and reveltice				,		\$0.00		
1.	Interest, dividends,	, and royalties						Ψ5.00		

Entered 04/26/24 16:37:08 Doc 3 Debtor 1 Page 2 of 3 Case number (if known). Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: ........ \$1.900.00 For you..... For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a \$126.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Pro-Rata 2023 Federal Income Tax Refund \$198.08 Total amounts from separate pages, if any. \$324.08 \$324.08 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11..... Copy line 11 here \$324.08 Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. \$3,888.96 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Pennsylvania

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate

instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

\$66,923.00

Entered 04/26/24 16:37:08 Page 3 of 3 Case number ( Doc 3 Debtor 1

Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Florence M. Guillory

Signature of Debtor 1

Date 04/26/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.